**Doctoral Annual Report**

Candidate’s Name: ID:

**SUPERVISOR**

**I recommend that the candidate’s registration be:**

[ ]  continued [ ]  terminated\* [ ]  continued subject to specified conditions as outlined below

…………………...…………………………………………………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

*\* Please attach a Change of Conditions Form with details*

**I have discussed my comments and completed the joint report with the candidate**  [ ]  Yes [ ]  No

If no, please comment: …………………………………………………………………………………………………………………………………………………………………………....…………………………………………………………….……………………………………………………………………….......………………………………….

**I have recommended alterations to the candidate’s registration:** [ ]  Yes [ ]  No

If yes, please give details: …………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………...

1. Overall quality of work of the candidate

[ ]  a. Very good [ ]  d. Irregular but satisfactory

[ ]  b. Good [ ]  e. Below acceptable standard

[ ]  c. Satisfactory

If (d) or (e) what measures have you taken?

…………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………......

1. Overall rate of progress of the candidate

[ ]  a. Very good [ ]  d. Irregular but satisfactory

[ ]  b. Good [ ]  e. Below acceptable standard

[ ]  c. Satisfactory

If (d) or (e) what measures have you taken?

……………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………….…………………………………………..

1. How often and by what means (e.g. email, face-to-face) is contact with your student maintained? (monthly supervision meetings are expected)

………………………………………………………………………………………………………………………………………………….…………………………..

1. Are you satisfied with the frequency and means of contact? [ ]  Yes [ ]  No

If no, please comment: ……………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

1. Are there any issues of which the candidate or Head of Department should be aware? [ ]  Yes [ ]  No

If yes, what are these?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

1. Comments on progress and achievements since the last report:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

1. List any significant factors that might affect the candidate’s ability to submit the thesis/creative work by the date identified above.

…………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………..

1. Is everything required (eg equipment, funds or other approvals) for completion by this date available? [ ]  Yes [ ]  No

If no, please comment:

………………………………………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………………………………………………………………...……………………………………………………………………………………………………………………………………………………………………………..

1. Are there changes needed to the registration conditions/details listed on the front page of this report? [ ]  Yes [ ]  No

If yes, please give details:

………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………..

1. Please give an expected completion date:

……………………………

 *Date*

**ASSOCIATE DEAN (POSTGRADUATE)**

**I endorse the above recommendations** [ ]  Yes [ ]  No

……………………………………………………………………………………………………………………………………………………………………………

...........................................

 *Date*